# Community Services (DCS)



#### OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077

Telephone: 768-3810

### PUBLIC DISCLOSURE FORM SE

FOR CALENDAR YEAR 2015 5

(PRINT	OR TYPE CLEARLY)	<del></del>				
		~	·			
	Gary K. Nakata Position/ELECTIVE OFFICE Director Designation	gna	te			
DEPAR'	TMENT/AGENCY Department of Community Services					
	<sub>of spouse</sub> Jo Ann Nakata					
Check th	ne appropriate box and fill in any applicable dates:					
<b>✓</b>	<b>INITIAL STATEMENT:</b> Date on which you assumed office or began employment in this 3/1/2015 . You must file within twenty (20) working days after this date disclosing interests held during the preceding calendar year.					
	<b>ANNUAL STATEMENT:</b> You are required to file not later than January 31 of each year disclosin financial interests held during the preceding year.	g all				
	<b>LEAVING OFFICE STATEMENT:</b> You are leaving or have left your office on and r file a statement within ten (10) working days of that date. You must disclose financial interests during the preceding calendar year.	nust held				
	<b>CANDIDATE STATEMENT:</b> You must file no later than ten (10) working days after the deadline as a candidate for office disclosing interests held during the calendar year preceding the due destatement.	of for f	iling f the			
	VERIFICATION					
I declare that I have used all reasonable diligence in preparing this form, that I have reviewed Item Nos. 1 through 9, and to the best of my knowledge the information provided in this form is true and correct.						
<sub>Date</sub> M	March 5	_				

#### **GENERAL INSTRUCTIONS**

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000 E. \$50,000 - \$99,999 B. \$1,000 - \$9,999 F. \$100,000 - \$149,999 C. \$10,000 - \$24,999 G. \$150,000 - \$199,999 D. \$25,000 - \$49,999 H. \$200,000 - \$299,999	I. \$300,000 - \$399,999 J. \$400,000 - \$499,999 K. \$500,000 - \$599,999 L. \$600,000 - \$699,999	M. \$700,000 - \$799,999 N. \$800,000 - \$899,999 O. \$900,000 - \$999,999 P. At least \$1,000,000
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1. INCOME. Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None Additional sheets attached

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F	City & County of Honolulu	Director Designate	3/2015	F
SP	State of Hawaii	Statistician	2014	D

<sup>&</sup>quot;F" for filer

<sup>&</sup>quot;SP" for spouse

<sup>&</sup>quot;DC" for dependent children

<sup>&</sup>quot;JT" for joint interests of the filer and filer's spouse

2.	ınsıalıment tran	Do not report any debt sactions for the purchas as a home mortgage or	se of consumer acads	Whatever the amount	hat arise out of retail Do report a secured			
	□ None □ A	dditional sheets attache	d					
P	erson(s) Incurring Debt	Creditor	Original Loan	Amount Amou	unt Outstanding			
F		Bank of America	F	E				
F		Keycorp Trust	D	D				
				i				
3.	OWNERSHIP OR INTERESTS IN BUSINESSES IN THE STATE. Only report ownerships or beneficial interests having a value of \$5,000 or more or equal to 10% or more of ownership of businesses incorporated, regulated, or licensed to carry on business in Hawaii. Do not report accounts in federal or state regulated financial institutions, mutual insurance policies, or individual items in a mutual fund or blind trust, if the fund or trust is disclosed under this item.  None  Additional sheets attached							
	Owner(s)	Business Name and Address	Nature of Business	Percentage of Interest	Value of Interest			
F		Starfish Consultants, LLC 1450 Young St., #602 Honolulu, HI 96822	Consulting	100%	A			

4.	OWNERSHIP OR INTERESTS TRANSFERRED. Only report transfers of ownerships or interests in businesses incorporated, regulated, or licensed to carry on business in Hawaii during this past year.								
,	✓ None		litional sheets a						-
	Owne	ership or Inte	erest	Date of Tra	nsfer				
5.	also incl	s as trustee ude being a	in any busines	s or organizatio holder in a sma	on, wheth	er or not	onerated fo	r nmfit Fi	directorships, or duciary positions report fiduciary
	✓ None	☐ Add	litional sheets a	attached					
Po	osition	Holder	Nam	e & Address of Organizat		s or	Term of	Office	Annual Compensation
	;								
	<u></u>								
6.	CREDIT	OR INTERE	STS IN INSOL	VENT BUSINE	ESS wortl	h <b>\$5</b> ,000	or more.		
	✓ None	Addition	onal sheets atta		,		-1-		
			Address of iness	Nat	ture of Bu	usiness		Value	

WillCit yo	ou nave received ministerial matte	compensation durin	id the breceding cal	lendar vear 🏻 🛭	lly report representation for Do not report representation y authority and do not need
✓ None	Additiona	al sheets attached			
Represent	ative	Client	City Ag	ency	Nature of Representation
8. REAL P reasonal street ac children; "personal	al residence."	IED. Only report rea as assessed value. personal residence not to report the tax al sheets attached	al property owned. You are not requi or the personal is map key number	Report the verse to report to report to report to residence of and street a	value of the property in an he tax map key number and your spouse or dependen address, identify instead as
Owner(s)	Tax Mar	Key Number & Stre	eet Address	Value	Year Obtained
F & SP	24005021004 1450 Young			J	1998
9. REAL P Honolulu even if it number depende instead a	25 personal resid	NSFERRED. Only ding calendar year. value (as in the cas iss for your person u choose not to reence."	report real propert For this Item, indi se of a gift). You a al residence or the port the tax map	ty transferred cate the actua re not require e personal re key number a	in the City and County of all amount of the transaction of to report the tax map ke esidence of your spouse cand street address, identif
0-11(0					
Seller/Donor	Buyer/Donee	Date	Price	Tax Map Ke	y Number & Street Address



## OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810

#### **DISCLOSURE OF FINANCIAL INTERESTS** PUBLIC DISCLOSURE FORM

FOR CALENDAR YEAR 2014

(PRINTOR TYPE CLEARLY)

NAME_	Barbara Yamashita	POSITION/ELECTIVE OFFICE Deputy Director				
	TMENT/AGENCY Department of					
	of Spouse Roy H. Yamashita					
Check th	e appropriate box and fill in any applicable dates:					
X		ou assumed office or began employment in this position wenty (20) working days after this date disclosing financial r year.				
	ANNUAL STATEMENT: You are required to financial interests held during the preceding	o file not later than January 31 of each year disclosing all year.				
	LEAVING OFFICE STATEMENT: You are leaving or have left your office on and _ must file a statement within ten (10) working days of that date. You must disclose financial interests held during the preceding calendar year.					
		no later than ten (10) working days after the deadline for filing s held during the calendar year preceding the due date of the				
	VE	RIFICATION				
	·-					
		gence in preparing this form, that I have reviewed Item Nos. 1 mation provided in this form is true and correct.				
Date_	larch 20 , 20 15 . sig	nature Sarbara Jamashutz				

#### **GENERAL INSTRUCTIONS**

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

"F" for filer

"SP" for spouse

"DC" for dependent children

"JT" for joint interests of the filer and filer's spouse

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000

E. \$50,000 - \$99,999

I. \$300,000 - \$399,999

M. \$700.000 - \$799.999

B. \$1,000 - \$9,999

F. \$100.000 - \$149.999

J. \$400,000 - \$499,999

N. \$800,000 - \$899,999

C. \$10,000 - \$24,999

G. \$150,000 - \$199,999

K. \$500,000 - \$599,999

O. \$900,000 - \$999,999

D. \$25,000 - \$49,999

H. \$200,000 - \$299,999

L. \$600,000 - \$699,999

P. At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None

Additional sheets attached

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F F F SP SP SP SP JT	State US Gov U of Phoenix State US Gov US Gov US Gov Rental Rental	Deputy Director, DHS Soc Security Adjunct Faculty Retirement Retirement Social Security	When  2014 2014 2014 2014 2014 2014 2014 201	F D B C D C B D

2.	CREDITORS. Do not report any debts of less than \$3,000. Do not report debts that arise out of retail installment transactions for the purchase of consumer goods, whatever the amount. Do report a secured obligation such as a home mortgage or a car loan. Do report student loans.									
	□ None □ Ac	lditional sheets attached								
Pe	erson(s) Incurring Debt	Creditor	Original Loan A	Amount Amou	nt Outstanding					
)l		Chase Quicken Bank of Hawaii	H H D	E H D						
3.	3. OWNERSHIP OR INTERESTS IN BUSINESSES IN THE STATE. Only report ownerships or beneficial interests having a value of \$5,000 or more or equal to 10% or more of ownership of businesses incorporated, regulated, or licensed to carry on business in Hawaii. Do not report accounts in federal or state regulated financial institutions, mutual insurance policies, or individual items in a mutual fund or blind trust, if the fund or trust is disclosed under this item. Vince Additional sheets attached									
	Owner(s)	Business Name and Address	Nature of Business	Percentage of Interest	Value of Interest					

4. <b>OWNER</b> business	SHIP OR IN ses incorporate	ITERESTS T ed, regulated,	RANSFERRED or licensed to ca	. Only report arry on busine	t transfers of o ess in Hawaii dui	wnerships ing this pa	or interests in ast year.
None	Additi	ional sheets a	ttached				
Owne	rship or Intere	est	Date of Tran	sfer		-	
	1						
positions also incl	as trustee in	any business najority share	s or organization holder in a sma	n, whether or	not operated for	r profit. Fig	directorships, or duciary positions report fiduciary
✓ None	Additi	ional sheets a	ttached				
Position	Holder	Nam	e & Address of Organizati			Office	Annual Compensation
							,
6. CREDIT	OR INTERES	STS IN INSOL	VENT BUSINE	SS worth \$5,6	000 or more.		
✓ None	e Addition	nai sheets atta	ached				
		A Address of Isiness Nature of Bu		of Business		Value	

•	CLIENTS PERSONALLY REPRESENTED BEFORE CITY AGENCIES. Only report representation for which you have received compensation during the preceding calendar year. Do not report representation involving ministerial matters. "Ministerial matters" do not require discretionary authority and do not need to be disclosed.							
	✓ None	Additiona	I sheets attached					
	Representa	tive	Client	City Ag	ency	Nature of Representation		
8. REAL PROPERTY OWNED. Only report real property owned. Report the value of the property in reasonable manner, such as assessed value. You are not required to report the tax map key number street address for your personal residence or the personal residence of your spouse or depending the children; if you choose not to report the tax map key number and street address, identify instea "personal residence."  None Additional sheets attached								
	Owner(s)		Key Number & Stre	et Address	Value	Year Obtained		
	JT Personal Residence TMK:9-4-102-005 94-803 Meahale 96797			nhale 96797	M L	1979		
9.	9. REAL PROPERTY TRANSFERRED. Only report real property transferred in the City and County of Honolulu during the preceding calendar year. For this item, indicate the actual amount of the transaction, even if it is less than the value (as in the case of a gift). You are not required to report the tax map key number and street address for your personal residence or the personal residence of your spouse or dependent children; if you choose not to report the tax map key number and street address, identify instead as "personal residence."  None Additional sheets attached							
_								
	Seller/Donor	Buyer/Donee	Date	Price	Tax Map Ke	y Number & Street Address		
Si	SP		6/2014		TMK:3-4-00 96793	08-054 2039 Palua St		